PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 1		10/560,358-Conf. #8888		
FEE TRANSMITTAL			Filing Date		December 12, 2005		
•			i not italiioa ilivolitoi		Fumio Shimizu		
For FY 2009			Examiner Name		K. R. Stork		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2		2178		
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00		0	Attorney Docket No.		SON-3031		
METHOD OF PAYMENT (chec	k all that apply)					<u> </u>	5 ··
Check Credit Card	Money Order	Noi	ne Other (olease identi	fy):		
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer Pl							auer PLLC
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
X Charge fee(s) indicat	*		<u>است</u>		dicated below, e		the filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							•
1. BASIC FILING, SEARCH, AND	EXAMINATION FEE	S					
ı	FILING FEES	SE	ARCH FEES	EXAMII	NATION FEES	;	
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility 33		540	270	220	110	1000	1 αια (φ)
Design 22		100	50	140	70		 -
Plant 22		330	165	170	85		
Reissue 33		540	270	650	325		
							
Provisional 22	0 110	0	0	0	0		
2. EXCESS CLAIM FEES						Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims Extra Claims Fee (\$)		E.	ee Paid (\$) N		Multiple Dependent Claims		
- or HP =	x =				ee (\$) Fee Paid (\$)		_
HP = highest number of total claims paid				141	50 107	r co r ala p	*1
Indep. Claims Extra Clair		Fee Paid (\$)			 _		
- or HP =	x =						
HP = highest number of independent clair	ns paid for, if greater than	3.					
3. APPLICATION SIZE FEE If the specification and drawings listings under 37 CFR 1.52(e); sheets or fraction thereof. See), the application size	e fee du	ie is \$270 (\$135 fo				i0
Total Sheets Extra She			dditional 50 or frac	tion therec	of Fee (\$)	Fee	Paid (\$)
						=	
100 = /50 = (round up to a whole number) x 4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$1	30 fee (no small ent	ity disc	ount)				
Other (e.g., late filing surcharge): 1403 Request for oral hearing						1,080.00	
SUBMITTED BY	177						
Signature	1/8 40,29	10	Registration No. (Attorney/Agent)	24,104/ 40,290	Telephone	(202) 955-3750	
Name (Print/Type) Ronald P. Karranen/Christopher M. Tobin Date					Date	June 15, 2009	